

**Department of Homeland Security, Office for Domestic Preparedness
FY03 State Homeland Security Grant Program Part II
First Responder Preparedness Application for Assistance**

Applicant (County) _____

Contact Information

Name/Title _____
Area Code/Office _____
Telephone Number _____ E-Mail Address _____

| | | | |
|-------------------------------------|----------|----------------------------------|----------|
| Equipment Amount Requested | \$ _____ | Planning Amount Requested | \$ _____ |
| Exercise Amount Requested | \$ _____ | Admin. Amount Requested | \$ _____ |
| Training Amount Requested | \$ _____ | | |
| Grand Total Amount Requested | | \$ _____ | |

Statement of Certification - Approval Authority

By signing below, I hereby certify that the enclosed application represents the Approval Authority body's consensus on the Operational Area's State Homeland Security Grant needs. (note: only the five voting members of the Authority need sign this certification.)

| Position/Designee | Signature | Printed Name | Title |
|------------------------------|-----------|--------------|-------|
| County Public Health Officer | _____ | _____ | _____ |
| County Fire Chief | _____ | _____ | _____ |
| Municipal Fire | _____ | _____ | _____ |
| County Sheriff | _____ | _____ | _____ |
| Chief of Police | _____ | _____ | _____ |

Certification and Signature of Authorized Agent

I am the duly appointed Authorized Agent and have the authority to apply for this grant and submit this application on behalf of the Operational Area.

| | |
|-----------------------|--------------------|
| Signature _____ | Printed Name _____ |
| Title _____ | Date _____ |
| Mailing Address _____ | |
| City _____ | Zip _____ |

For OHS use ONLY

Application reviewed/Grant award approved by: _____
Name _____ Date _____

Grant Performance Period: _____

OES ID # _____ Catalog of Federal Domestic Assistance #16.007 Award # _____

FY03 State Homeland Security Grant Program Part II
First Responder Preparedness Application for Assistance - Grant Program Narrative

Applicant (County): _____

NOTE: *OAs should limit the Program Narrative to no more than 2 pages.*

Problem Statement

In a narrative:

- Provide a brief description of the areas encompassed within the OA.
- Identify most likely threat/targets for CBRNE.
- Generally describe how additional equipment, exercises and planning/administration will address the overall needs as identified in the OAs FY99 Needs Assessment.

Priorities

In a narrative:

- Describe how equipment, exercise, and planning/administration prioritizations were developed.
- Explain your selection criteria for distribution of the three priorities (Equipment, Exercises, and Planning/Administration).

Equipment Priorities

- Use the provided Budget Detail Worksheet to list and categorize equipment needs.

Exercises

In a narrative:

- Describe how the exercise allocation meets the OAs overall needs as reflected in the FY99 Needs Assessment, and supports Mutual Aid.
- Briefly describe the most likely threat to the OA, current capabilities to mitigate an attack, and recent exercises performed.

Using bullets, list the following measurable program objectives the OA has established:

- What type of exercises will be conducted.
- How many and how often will the exercises be conducted.
- How many jurisdictions and disciplines are expected to participate in each exercise.

Training - Complete only if the OA will be developing Training classes

Narrative:

- Describe which training classes will be developed
- Identify the training institutions which will assist with the development of the identified classes

Planning/Administration

In a narrative:

- Describe how existing or emerging threats make it necessary for the OA to update the FY99 Needs Assessment and Strategy.
- Briefly explain how the update process will involve all jurisdictions, support Mutual Aid and be completed by September 30, 2003.

Instruction Sheet for Budget Detail Worksheet - Equipment

Purchasing Jurisdiction

The entity that purchases the equipment.

Receiving Jurisdiction

The entity that receives the equipment, whether or not they were the purchasing jurisdiction.

Discipline

Use the following abbreviations to identify the discipline for which the equipment will be used:

| | |
|----------------------------------|------------------------------------|
| LE - Law Enforcement | PW - Public Works |
| EMS - Emergency Medical Services | PH - Public Health |
| EMA - Emergency Management | GA - Governmental Administrative |
| FS - Fire Services | PSC - Public Safety Communications |
| HZ - HAZMAT | HC - Health Care |

Maintenance, Repair or Purchase

Use the following abbreviations to identify:

- M = maintenance contract, equipment warranty, repair, or replacement parts for equipment purchased under any ODP state equipment grant
- P = purchase of SHSGP 03 approved equipment

Item Number, Category and Equipment Description

For the item to be purchased, enter the Item Number, Category and Equipment Description from Appendix B.

Item Cost

For each item to be purchased with grant funds, please identify the following:

- Unit Cost
- Quantity
- Unit Cost Total = Unit cost x Quantity
- Taxes (Optional)
- Shipping/Handling (Optional)
- Item Total Cost = Unit Cost Total + Taxes + Shipping/Handling
- Total cost to be charged to grant
- OPTIONAL: Total cost to be paid by local - The SHSGP 03 Part II grant does not require matching funds. OAs may use this column to indicate purchases which will be supplemented with other funding sources.

**Office of Homeland Security – State Homeland Security Grant Program – Part II
Reimbursement Request for First Responder Preparedness**

Award# _____

Mail Reimbursement Request to:

Office of Homeland Security
c/o Governor's Office of Emergency Services
Grant Payments Unit
Post Office Box 419023
Rancho Cordova, CA 95741-9023

Applicant: _____
County

OES ID #: _____

Please mark this box to indicate a change in
the Authorized Agent Mailing Address
below ☐

Total Grant Expenditures to date \$ _____

Grant Expenditures incurred since the last Reimbursement Request:
(for the period _____ through _____)

Equipment Expenditures \$ _____

Exercise Expenditures \$ _____

Training Expenditures \$ _____

Planning Expenditures \$ _____

Administration Expenditures \$ _____

Total Reimbursement Request \$ _____

Under penalty of perjury, I certify that:

- I am the duly authorized officer of the claimant herein
- This claim is in all respects true, correct, and all expenditures were made in accordance with applicable laws, rules, regulations and grant conditions and assurances

Authorized Agent (Per Governing Body Resolution)

Printed Name

Phone No.

Title

E-Mail Address

Mailing Address

Fax No.

City, State, Zip Code

Signature

Date